

**MICHIGAN MUNICIPAL BOND AUTHORITY**

**U.S. Bank Corporate Trust Services**

**Authorization form**

Complete and fax this form to David Johnson, U.S. Bank - fax number: 651/495-8165.

I certify that I am authorized to direct you to debit our account, as shown below, to pay the debt service referenced therein. Funds will be on deposit in this account on the day proceeding the payment date.

**BANK ACCOUNT INFORMATION:**

Bank Name: U.S. Bank -or- National City Bank (circle one)

Account Type: Checking -or- Savings (circle one)

Account Number: \_\_\_\_\_

Amount of Transfer: \_\_\_\_\_

ABA#: \_\_\_\_\_

Account Name: \_\_\_\_\_

**MUNICIPALITY INFORMATION:**

Name of Municipality: \_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Due Date: \_\_\_\_\_